ment, but must be intraperitoneal. An exudation in the left broad ligament would be felt as a ring nearly surrounding the rectum; one in the right would be detected along the brim of the pelvis. The entire differential diagnosis of pelvic tumors was based upon these facts.

ELECTRICITY IN GYNECOLOGY.

Recent papers on this subject by **DR. STEAVONSON** and **DR. SHAW**, read before the London Obstetrical Society (*Transactions* for June and July, 1888), provoked a somewhat heated discussion, in which **DR. PLAYFAIR** enthusiastically upheld the value of Apostoli's method of treatment, which he thought was destined to limit considerably the field of abdominal surgery. **DR. BANTOCK** expressed marked scepticism with regard to the brilliant results claimed by Apostoli in treating fibrous tumors of the uterus. He said that he had never yet seen a case in which such a tumor was caused to disappear by the use of the constant current, although this had actually occurred after removal of the tubes and ovaries, as he could testify. The consensus of opinion was not flattering to the electrical treatment.

MEDICAL JURISPRUDENCE.

UNDER THE CHARGE OF

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THE SECOND TEST OF LIVE-BIRTH.

NIKITIN, of Moscow, gives this title to a paper on the value of the presence of air in the stomach and intestines of a newly born infant, tested by the ability of these organs to float in water, as a proof of the child having been born alive, and places this test next in importance to the hydrostatic lung test (*Viertelj. f. gerichtl. Med.*, N. F., Bd. xlix. pp. 44–63 et 282–303). His experience is derived from the post-mortem examination of one hundred newborn children in the University and of twenty-four children in the Foundling Hospital of Moscow.

His conclusions are:

(1) The gastro-intestinal test not only supports the lung test, but it is even able in some cases, in which the lung test is negative, to afford evidence by itself of live-birth. (2) If in the fresh corpse of a newborn child, the stomach, and especially if also the intestines contain air, and float in water, it may with certainty be concluded that the child survived birth; provided air was not artificially introduced into the stomach, as by inflation. (3) If the body is well advanced in putrefaction, the gastro-intestinal test is less reliable than the lung test; but if the body is only moderately putrefied, the former test is as trustworthy as the latter. (4) A negative result from the gastro-intestinal test is not proof of the child having been stillborn, no more

than is a negative result from the lung test; but if such a result is obtained from the application of *both* tests in fresh, but especially in putrid, bodies, then it may be inferred that the child was stillborn, unless in rare cases in which signs exist of sudden death by violence applied immediately after birth. (5) If the stomach and a portion of the intestines are well filled with air and the corpse is fresh, it may certainly be concluded that the child did not die immediately after birth—excepting always cases of artificial inflation. (6) The first bubbles of air reach the newborn child's stomach by swallowing. (7) The possibility of "atelectasis secundaria neonatorum"—that is, of the complete disappearance of air from the lungs of a newborn child—is highly probable.

SUDDEN DEATH IN INFANTS FROM ENLARGED THYMUS.

PROF. GRAWITZ, of Greifswald (*Deutsch. med. Wochenschr.*, No. 22, 1888), gives the details of two cases of sudden death in newborn infants caused by suffocation from enlarged thymus

In one of the cases, the thymus was so large as to cover the greater part of the heart, its length being 3 inches, and its greatest breadth 2.4 inches. Its average thickness was about 0.6 inch, but immediately behind the manubrium of the sternum it measured 0.72 inch. The color of the gland was grayish-red, with numerous bright red petechiæ on the surface. The consistence was tolerably firm. The heart was large and well developed, and covered with a number of petechiæ. The gullet showed marked signs of lateral compression, its mucous membrane, as also that of the pharynx, being reddened. The inner surface of the larynx and trachea was also considerably reddened, but especially at the bifurcation of the latter, which corresponded to the seat of greatest compression between the top of the sternum and the spinal column. The larger bronchi contained a clear reddish froth. The lungs were moderately collapsed, but all the vesicles contained air. The spleen was large and bluish-red. All other organs normal. Both infants were quite well up till the appearance of suffocation.

TRAUMATIC INJURIES OF THE SPLEEN IN THEIR MEDICO-LEGAL ASPECTS.

In the *Vierteljahrschrift f. gerichtl. Med.*, N. F., Bd. l. S. 180, January, 1889, a summary is given of an exhaustive monograph in Russian on this subject, by **DR. E. F. BELLIEN**, of Charkow, the monograph being based on four hundred cases collected from medical literature and on a considerable number of cases which occurred in the experience of the author. The following are his conclusions:

(1) Traumatic rupture of the spleen, as an immediate cause of death from violence applied to the spleen directly or indirectly from without, the walls of the belly and chest being uninjured, is observed only in pathological conditions of the spleen. (2) The rupture is often accompanied by hæmatoma of the spleen, from hemorrhage into a lacerated part of the organ. (3) The hæmatoma may consist of two or three separate hemorrhages, or be spread throughout the substance of the spleen. (4) The hæmatoma may precede the rupture of the splenic capsule in cases of repeated violence; and the rupture of the capsule may even result from the bursting of the hæmatoma. (5) The